
**Arizona Department of Economic Security
Division of Developmental Disabilities
Qualified Vendor Applications Submittal Checklist**

To assure a complete submission of your Qualified Vendor Application to the Division of Developmental Disabilities in response to "Request For Qualified Vendor Applications #DDD 704011" please follow the designated steps below.

| Document Required | Document Attached | DDD Use Only |
|---|--------------------------|--------------------------|
| 1 Electronic Submission completed. You have activated the electronic submission, have received a submittal confirmation email, and you have the official printable version of your electronic submission for each of the sections listed below. The official printable version includes your computer generated NEW contract number. | <input type="checkbox"/> | <input type="checkbox"/> |
| a Application & QV Agreement Award | <input type="checkbox"/> | <input type="checkbox"/> |
| b Assurances & Submittals Form | <input type="checkbox"/> | <input type="checkbox"/> |
| c Vendor Contract Information | <input type="checkbox"/> | <input type="checkbox"/> |
| d Vendor Policies | <input type="checkbox"/> | <input type="checkbox"/> |
| e List of Services Offered | <input type="checkbox"/> | <input type="checkbox"/> |
| f Service Detail Information | <input type="checkbox"/> | <input type="checkbox"/> |
| g Administrative Sites | <input type="checkbox"/> | <input type="checkbox"/> |
| h Group Homes/Day Treatment and Training Sites (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Original Signature on Application page (a above). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Original Signature on Assurances and Submittals page (b above). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Original Signature on signature page of each amendment issued: | | |
| a April 2003 Amendment No. 1 posted to the DDD website listed under March 2003 Request For Qualified Vendor Applications (This is only available on page 5 of the ADOBE version) | <input type="checkbox"/> | <input type="checkbox"/> |
| b May 2003 Amendment No. 2 posted to the DDD website listed under March 2003 Request For Qualified Vendor Applications (This is only available on page 4 of the ADOBE version) | <input type="checkbox"/> | <input type="checkbox"/> |
| c July 2003 Amendment No. 3 posted to the DDD website listed under March 2003 Request For Qualified Vendor Applications (This is only available on page 3 of the ADOBE version) | <input type="checkbox"/> | <input type="checkbox"/> |

**DDD QUALIFIED VENDOR APPLICATION
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RFQVA # DDD 704011

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|--|--------------------------|--------------------------|
| 5 Corporate ownership/affiliation organizational chart (if required). | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Current State of Arizona Substitute W-9 form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Financial statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Certificates of Insurance (if submitting at this time). | <input type="checkbox"/> | <input type="checkbox"/> |
| 9* Explanation and status of revocation, denial, or suspension of license, certification, and/or registration if you answered YES to Question 5 on Assurances and Submittals section. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10* Description of contracts terminated or contract lawsuits if you answered YES to Question 6 on Assurances and Submittals section. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11* Summary of lawsuits or judgments pending or entered if you answered YES to Question 7 on Assurances and Submittals section. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12* Information regarding convictions related to Medicare, Medicaid, or the State Children's Health Insurance Program if you answered YES to Question 8 on Assurances and Submittals section. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13* Information regarding conviction of a felony if you answered YES to Question 9 on Assurances and Submittals section. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14* Explanation of noncompliance with any civil rights requirements if you answered YES to Question 10 on Assurances and Submittals section. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15* Conflict/potential conflict of interest disclosure statement if you answered YES to Question 12 on Assurances and Submittals section. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16* Substantial interest disclosure statement if you answered YES to Question 13 on Assurances and Submittals section. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17* Explanation of pending suspension or debarment if you answered YES to Question 15 on Assurances and Submittals section. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18* Disclosure statement for any judgments, tax deficiencies or claims pending or entered if you answered YES to Question 20 on Assurances and Submittals section. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19* Court approved bankruptcy corrective plan of action if you answered YES to Question 23 on Assurances and Submittals section. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20* Subcontractor information if you answered YES to Question 24 on Assurances and Submittals section. | <input type="checkbox"/> | <input type="checkbox"/> |

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|---|------------------------------|--------------------------------|
| 21 One complete original and one copy of all submitted information listed in items 1 through 20 above. | <input type="checkbox"/> | <input type="checkbox"/> |
| * Required as applicable. | | |